

# Dear Parent or Guardian:

The \_\_\_\_\_ School makes milk available every school day. Students may buy half pints of milk for \_\_\_\_\_ cents.

Children from families whose income is at or below the federal guidelines are eligible for free milk.

To apply for free milk, please fill out this application as soon as possible, sign it, and return it to the school. Please answer all questions on the form. An application which does not contain complete information on household members and income cannot be used by the school. If information is missing, your child will be denied the free milk. Call your school if you need help with the form.

**FOOD STAMP HOUSEHOLDS:** Letters were mailed to all food stamp households during the first week of August from the Department of Human Services. Fill in the name of the school and the grade each child will be attending, sign the letter, and take the letter to the school. Children listed on this letter will get free milk as soon as the form is turned in and processed. Food stamp households receiving this letter do not need any other application to get the free milk. If you currently receive food stamps and did not receive the letter from Human Services, you must fill out this application form to get free milk. List your child(ren)'s name and food stamp case number, print your name and sign the application.

**FIP HOUSEHOLDS:** If you receive FIP (Family Investment Program) benefits, list your child's name, the case number, print your name, and sign the application. Note: If you received the Food Stamp letter from Human Services, do not complete any other application form.

**ALL OTHER HOUSEHOLDS:** If your household income is at or below the federal income guidelines, your child is eligible for free milk. To apply for milk benefits, you must provide the following information or your application cannot be approved.

- **HOUSEHOLD MEMBERS:** List the names of everyone who lives in your household. Include parents, grandparents, and all children, other relatives and unrelated people who live in your household.
- **SOCIAL SECURITY NUMBER:** List the social security number of the adult household member signing the application or indicate that this household member does not have a social security number by printing "none."
- **INCOME:** List the amount of income (BEFORE deductions for taxes, social security, etc.) each person received last month and where it is from, such as wages, retirement, or welfare. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average monthly income. List income in the appropriate column based on frequency of earnings or payment to you.
- **SIGNATURE:** An adult household member must sign the application.

**VERIFICATION:** The information on the application may be checked by the school or other officials at any time during the school year. School officials may ask for written evidence of income.

**REPORTING CHANGES:** If your child is approved by income for free milk, you must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases. If you are approved by food stamps or FIP you must tell the school when you no longer receive these benefits. You may apply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, become eligible for Food Stamps or FIP, or have an increase in family size, complete an application at the time any changes occur.

**OTHER BENEFITS:** Your child may be eligible for other benefits including HAWK-I (children's health insurance). Read the information at the end of this letter. Your child may also be eligible for a waiver of school fees. A school fee waiver form is available from your school.

**FOSTER CHILDREN:** A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court, and is considered a household of one. If you have foster children living with you and wish to apply for free or reduced price benefits for them, please make a separate application for such children. In determining income for the foster child, only the following should be considered:

1. Funds provided by the welfare agency which are specifically identified by category for personal use of the child, such as for clothing, school fees and allowances. Welfare funds identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.
2. Other funds received by the child. This includes, but is not limited to, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.

**NONDISCRIMINATION:** The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employers.

**FAIR HEARING:** If you do not agree with the school's decision on your application or the result of verification, you may wish to discuss it with the school. You also have a right to a fair hearing. This can be done by calling or writing the following official:

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Name, Address, and Telephone Number of Hearing Official

CONFIDENTIALITY: We will use the information on your application to decide if your child should get free milk. We may inform officials connected with Title I assessment, The National Assessment of Educational Progress, and Carl Perkins Vocational Education whether your child is eligible for free milk. They will use this information for funding and/or evaluation purposes. Names, eligibility status and other information provided on the application or obtained through direct certification or verification may be disclosed to certain other Federal, State, or local agencies as authorized by the National School Lunch Act. Note disclosure to HAWK-I/ Medicaid below.

HELP WITH APPLICATION: If you have any questions or need help in filling out the application form, please contact: \_\_\_\_\_  
at \_\_\_\_\_. You will be notified when the application is approved or denied.

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## The HAWK-I / Medicaid Information Form

Read this information and sign if you decide you **do not want** your name released to HAWK-I or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free milk can also get free or low-cost health insurance for their children.

The law now allows us to share your free milk eligibility information with Medicaid and Hawk-I, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and HAWK-I can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your application for any other purpose.

You are not required to allow us to share information from your children's free milk application with Medicaid or the HAWK-I program. It will not affect your children's eligibility for free milk. If you do **NOT** want your information shared with Medicaid or HAWK-I, you must tell us by completing the information below at the time you complete your free/reduced application. If you want further information, you may call HAWK-I at **1-800-257-8563**.

I **DO NOT** want school officials to share information from my free milk application with Medicaid or HAWK-I. Also, if you are already receiving Medicaid or HAWK-I, please sign below. This will avoid another contact.

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# Application for Free Milk

## PART 1 (To be completed by ALL applicants)

To apply for free milk for your child (children), carefully complete, sign and return to the school. If you need help or have any questions regarding the completion of this form, please call the principal.

Name of Child — Please Print			School Center Attending	GRADE	BIRTH DATE (Optional)	RACE <sup>1</sup>	Check If Foster Child <sup>2</sup>	TANF/FIP Number <sup>3</sup>	Food Stamp Number <sup>4</sup>
Last	First	Middle Initial							

### NOTES:

<sup>1</sup>**RACE AND ETHNIC IDENTITY** — You are NOT required to answer RACIAL IDENTITY questions.

Please fill in the appropriate blank with one or more of the following **RACIAL** identities: I = American Indian or Alaska Native, A = Asian, B = Black or African American, P = Native Hawaiian or other Pacific Islander, W = White, H = Hispanic or Latino.

<sup>2</sup>**FOSTER CHILD.** A foster child who is the legal responsibility of the welfare agency or court may receive free milk if the child has no other income except a lump sum of money provided by the welfare agency for the child's maintenance. If the child receives any other funding designated for personal use, it must be entered as income and applied against guidelines for a family of one person.

<sup>3</sup>**FIP.** If any child is receiving FIP payments, place the FIP number next to the child's name in the designated space.

<sup>4</sup>**FOOD STAMPS.** If children in your family are now receiving food stamps, enter the food stamp identification number in the designated space.

## PART 2 (To be completed only by applicants who did not list a Food Stamp Number or FIP Number)

LIST EVERYONE WHO LIVES IN YOUR HOUSE		Age	INCOME: List all income received last month on the same line with the person who received it. You must list gross income BEFORE deductions for taxes, social security, etc. List each amount under the correct heading. See Page Four for income reporting guidelines.						
Last Name	First Name		GROSS EARNINGS FROM WORK - Before Deductions				Monthly Welfare Payments, Child Support, Alimony.*	Monthly Payments from Pensions, Retirement, Social Security.*	All Other Income Received Last Month*
			I am paid this amount						
			Weekly, Every 2 Weeks	Monthly	2 times a Month				
			W	2W	M	2M			
1.									
2.									
3.									
4.									
5.									
6.									

**NOTE:** \*MONTHLY INCOME CONVERSIONS: (a) Weekly x 4.33, (b) Every Two Weeks x 2.15, (c) Twice Per Month x 2.

## PART 3

## PENALTIES FOR MISREPRESENTATION

*I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that the school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Law. An adult household member must sign the application before it can be approved.*

PRINTED NAME OF HOUSEHOLD ADULT		SIGNATURE OF HOUSEHOLD ADULT		SOCIAL SECURITY NUMBER			
HOME ADDRESS		CITY		(Print only the social security number of the adult household member signing the application or indicate that this household member does not have a social security number by printing "none" next to the name in the space provided).			
STATE		ZIP				COUNTY OF RESIDENCE	
DATE SIGNED		HOME PHONE				WORK PHONE	

# Income Reporting Guidelines

**CURRENT INCOME:** You are to list the total amount of yearly income expected during this school year for everyone living in your house or apartment, regardless of their relationship to you. School officials have the right to request verification of the information you supply. Purposeful misrepresentation is subject to prosecution. If your projected income changes by \$50.00 per month (\$600 per year), you are to reapply at the time this occurs.

**TYPES OF INCOME:** Include all income from all sources for all persons living in your house or apartment. Include income from the following:

wages	public assistance payments	workmen's compensation
salaries	welfare payments	veteran's subsistence benefits
tips	strike benefits	interest
commissions	unemployment compensation	dividend income
income from self-employment*	supplemental security income	cash withdrawn from savings, investments or trusts
pensions	social security survivor's benefits	any other resources which may be available to pay for a
annuities	alimony	child's meals
child support payments	social security	retirement income
		disability benefits

**DO NOT REPORT:**

scholarships	children's incidental income from such occasional activities as:
educational benefits	babysitting - shoveling snow - cutting grass
food stamps	

**\*Persons engaged in farming or who operate other types of private businesses** where cash flow varies throughout the year making it impossible to predict yearly income with any accuracy may use their income tax records for the preceding calendar year as a basis for applying for the free and reduced price meals during the present school year. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar nonbusiness deductions are not allowed in reducing gross business income.

Also, if you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. As per example, if you operated a business at a net loss but held additional employment for which you received a salary, your income for purposes of applying for free or reduced price meals would be the value of the income from your salary only, since the loss from the business cannot be deducted from the amount of the income earned in the additional employment. Though you business may have suffered a net operational loss, for purposes of this application it is not possible to have a negative income. **The least income possible is zero (no income).**

The necessary and appropriate information for arriving at allowable income from private business operation is to be taken from your 2000 U.S. Individual Income Tax Return - Form 1040 in the following manner. Items 13 and 14 should only be used once if a person is engaged in two or more types of business activities.

**Farming Income:** Add together the amounts reported in the following lines of your 2000, 1040 U.S. Tax Form:

<b>Line 13</b> - Capital gain or (loss)	\$ _____
<b>Line 14</b> - Other gains or (losses)	\$ _____
<b>Line 18</b> - Farm income or (loss)	\$ _____
Total*	\$ _____

**Proprietorship Income:** Add together the amounts reported in the following lines of your 2000, 1040 U.S. Tax Form:

<b>Line 12</b> - Business income or (loss)	\$ _____
<b>Line 13</b> - Capital gain or (loss)	\$ _____
<b>Line 14</b> - Other gains or (losses)	\$ _____
Total*	\$ _____

**Partnership Income:** Add together the amounts reported in the following lines of your 2000, 1040 U.S. Tax Form:

<b>Line 13</b> - Capital gain or (loss)	\$ _____
<b>Line 14</b> - Other gains or (losses)	\$ _____
<b>Line 17</b> - Rents, royalties, partnerships, etc.	\$ _____
Total*	\$ _____

\*Divide total income by 12 and enter as monthly income on the reverse side of this form.

**NOTE:** A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced-price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income on the reverse side of this form.

**Privacy Act Statement.** Unless you list the child's food stamp, or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FIP office to determine current certification for food stamps, FIP benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

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## (FOR SCHOOL USE ONLY — DO NOT WRITE BELOW THIS LINE)

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<input type="checkbox"/> Food Stamp/TANF/FIP Household	<input type="checkbox"/> Income Household: Total household monthly income: _____ Household size: _____	
Application approved for: <input type="checkbox"/> Free Meals	<input type="checkbox"/> Reduced price meals	Application denied because: <input type="checkbox"/> Income over allowed amount
Temporary approval for: <input type="checkbox"/> Free Meals, expires: _____		<input type="checkbox"/> Incomplete/missing _____
<input type="checkbox"/> Reduced Price meals, expires: _____		<input type="checkbox"/> Other: _____

Date Notice Sent

Signature of Determining Official

Date